

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Stephen W. Scherer and Berge A. Minassian  
Application No.: 10/567,074 Group: 1634  
Filed: June 26, 2006 Examiner: Jeanine Anne Goldberg  
Confirmation No: 2296  
For: LAFORA'S DISEASE GENE

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Final Rejection Under 37 CFR § 1.116 for filing in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- ☐ A Small Entity Statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

**The claims fee has been calculated as shown below:**

					SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE		RATE	ADDIT. FEE
TOTAL	15	MINUS	* 44	0	X \$ 26	\$		X \$52	\$ 0
INDEP	5	MINUS	** 7	0	X \$110	\$		X \$220	\$ 0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$195	\$		+ \$390	\$
					TOTAL = \$ 0			TOTAL = \$ 0	

\* not fewer than 20

\*\* not fewer than 3

**The Application Size Fee has been calculated as shown below:***(Effective for cases filed on or after December 8, 2004)*

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)	SMALL ENTITY		OTHER THAN SMALL ENTITY		Payment Sufficient for up to
			Rate	Total Amount Owed	Rate	Total Amount Owed	
80	100	0	X \$135	\$[ ]	X \$270	\$0	100 Sheets

**Petition for Extension of Time**

☐ Applicant hereby petitions to extend the time to respond to the [ ] dated [ ] for [ ] month(s) from [ ] to [ ]. The appropriate fee is set forth below.

**Please charge Deposit Account No. 08-0380 for the following fees:**

<input type="checkbox"/>	Petition for [    ] month Extension of Time	\$	_____
<input type="checkbox"/>	Claims Fee	\$	_____
<input type="checkbox"/>	Application Size Fee	\$	_____
<input type="checkbox"/>	Other Fees:		_____
		\$	
	_____	\$	_____
	_____	\$	_____
	TOTAL:	\$	0

**A check is enclosed in payment of the following fees:**

<input type="checkbox"/>	Petition for [     ] month Extension of Time	\$	_____
<input type="checkbox"/>	Claims Fee	\$	_____
<input type="checkbox"/>	Application Size Fee	\$	_____
<input type="checkbox"/>	Other Fees:		_____
		\$	
	_____	\$	_____
	_____	\$	_____
	TOTAL:	\$	_____

☒ Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380.

Respectfully submitted,

HAMILTON, BROOK, SMITH &amp; REYNOLDS, P.C.

By /Maria L. Cedroni, Reg. No. 61796/  
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Concord, Massachusetts 01742-9133  
Dated: August 7, 2009